MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10680142 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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25	1					
26		1				
27		1				
28		2				
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50						
TOTAL IND.	3					
TOTAL DEP.	26					
TOTAL CLAIMS	29					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						